

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/069270** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2		1			
4	1					
5	1					
6	1					
7	2		4			
8	1					
9	1					
10	2		1			
11	1					
12						
13	1					
14	1					
15	1					
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50						
TOTAL I.D.		7				
TOTAL DEP.		8				
TOTAL CLAIMS		15				

TOTAL IND. TOTAL DEP. TOTAL CLAIMS